REST AVAILABLE CÓPÝ4

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ı	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2 minus 20=		. 8			X\$ 9=		OR	X\$18=	1411-	
INE	DEPENDENT CLAIMS		3 minus 3 =		*		ŀ	X40=		1	X80=	777	
Μi	JLTIPLE DEPENDENT	CLAIM P	RESENT				ł			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							Į	+135=		OR	+270=	Sec. 1	
							TOTAL		OR	TOTAL	854		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OTHER SMALL				
ENT A	REM A	LAIMS MAINING IFTER NDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total * [5	Minus	29	B	=		X\$ 9=		OR	X\$18=		
AME	Independent + FIRST PRESENTATI	3	Minus	*** 2	5 2	<u> </u>	Ī	X40=		OR	X80=		
L	FIRST PRESENTATI	ON OF M	ULTIPLE DEI	#	CLAIM			+135=		OR	+270=		
							L A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		lumn 1)		(Colur		(Column 3)							
AMENDMENT B	REM A	LAIMS MAINING FTER NDMENT	e distribu	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total +	29	Minus	** ć	28	=		X\$ 9=		OR	X\$18=	18	
AME	Independent +	3 2N OF MI	Minus	***	3	=		X40=		OR	X80=		
_	THOTTHEOLIVIAN	314 O1 1010	JETH LE DEF	LINDLINI	CLAIIVI			+135=		OR	+270=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		lumn 1)		(Colur		(Column 3)							
ENT C	REA A	LAIMS MAINING FTER NDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total *	8,5	Minus	** <	39	=		X\$ 9=		OR	X\$18=		
	Independent *	4 2N 05 MI	Minus	***	J	=		X40=		OR	X80=		
	FIRST PRESENTATION							+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001									0417	13	121	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							R	ATE	FEE		RATE	FEE
FOR			NUMBER FILED N		NUMBI	ER EXTRA	BAS	IC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		*		X\$ 9=			OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 = *				X	X42=			X84=	
MU	LTIPLE DEPEN	DENT CLAIM PR	PRESENT					40		OR	.200_	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2		40=		OR	+280=	
"		·				0.02	10	TAL		OR	TOTAL	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SN	IALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· 30	Minus	*2	8	- 2	X	§ 9=		OR	X\$18=	369
AME	Independent	* 4	Minus	***	4	= 2	×	42=		OR	X84=	168.0
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	40=		OR	+280=	
<i>r</i>								TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2\	(Column 3)		T. FEE		lo.,	ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞI NUM PREVI		PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM		+1	40=		OR	+280=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
	Sand time and the species of the sand	(Column 1)	Security Security Security Security		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	ing in Manday	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] X	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	x	12=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			—— 40≈		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												